

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	71534	11-16-99
O.I.P.E. CLASSIFIER		<i>73</i>	11-18-99
FORMALITY REVIEW		<i>6-11-97</i>	11-30-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	3 7 3 9 9 3
1	01 01 02 03 04
2	
3	
4	
5	✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓ ✓
7	✓ ✓ ✓ ✓ ✓
8	✓ ✓ ✓ ✓ ✓
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30	✓ ✓ ✓ ✓ ✓
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49	✓ ✓ ✓ ✓ ✓
50	✓ ✓ ✓ ✓ ✓

Claim	Date
Final Original	3 7 3 9 9 3
51	01 01 02 03 04
52	✓ ✓ ✓ ✓ ✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)